

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET Substitute for Form PTO-1360 (For use with Form PTO/SB/06)						Application Number <i>10/529,779</i>	Filing Date
						Applicant(s)	
* May be used for additional claims or amendments							
CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT		
	Indep	Depend	Indep	Depend	Indep	Depend	
1	/	/	/	/	/		51
2							52
3							53
4							54
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47							97
48							98
49							99
50							100
Total Indep	4		4				Total Indep
Total Depend	10	←	10	←	←	←	Total Depend
Total Claims	14		14				Total Claims

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claims 3, 5, 7-10 were amended